

DPL

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|---------------------|
| | | Application No. | 10/609,508 |
| | | Filing Date | June 30, 2003 |
| | | First Named Inventor | David I. Poisner |
| | | Art Unit | 2137 |
| | | Examiner Name | Minh Dieu T. Nguyen |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | 42P16204 |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| | | <div style="border: 1px solid black; padding: 5px;"> -Certificate of First Class US Mail; and - copies of 5 cited references </div> |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Libby H. Hope, Reg. No. 46,774 INTEL CORPORATION |
| Signature | |
| Date | October 2, 2007 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | |
|-----------------------|------------------|
| Typed or printed name | Krista Mathieson |
| Signature | |
| Date | October 2, 2007 |

Based on PTO/SB/21 (09-04) as modified by Blakely, Solokoff, Taylor & Zelman (ndc) 10/12/2006.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



**FEE TRANSMITTAL
for FY 2006**

** Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

| Complete if Known | |
|----------------------|---------------------|
| Application Number | 10/609,508 |
| Filing Date | June 30, 2003 |
| First Named Inventor | David I. Poisner |
| Examiner Name | Minh Dieu T. Nguyen |
| Art Unit | 2137 |
| Attorney Docket No. | 42P16204 |

METHOD OF PAYMENT (check all that apply)

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | | Claims | below | Fee Paid |
|--------------------|----|--------|-------|----------|
| Independent Claims | 11 | 31* | 0 | 50.00 |
| Multiple Dependent | 3 | 4* | 0 | 210.00 |
| | | | | = \$0.00 |

| Large Entity | | Small Entity | | |
|--------------|-----|--------------|-----|---|
| Fee | Fee | Fee | Fee | <u>Fee Description</u> |
| Code | (X) | Code | (X) | |
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 |
| 1201 | 210 | 2201 | 105 | Independent claims in excess of 3 |
| 1203 | 370 | 2203 | 185 | Multiple Dependent claim, if not paid |
| 1204 | 810 | 2204 | 405 | **Reissue Independent claims over original patent |
| 1205 | 810 | 2205 | 405 | **Reissue claims in excess of 20 and over original patent |

**or number previously paid, if greater. For Reissues, see below.*

2. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|-----------------|-----------------|-----------------|-----------------|--|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |
| 2053 | 130 | 2053 | 130 | Non-English specification |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month |
| 1252 | 480 | 2252 | 230 | Extension for reply within second month |
| 1253 | 1,050 | 2253 | 525 | Extension for reply within third month |
| 1254 | 1,640 | 2254 | 820 | Extension for reply within fourth month |
| 1255 | 2,230 | 2255 | 1,115 | Extension for reply within fifth month |
| 1401 | 510 | 2401 | 255 | Notice of Appeal |
| 1402 | 510 | 2402 | 255 | Filing a brief in support of an appeal |
| 1403 | 1,030 | 2403 | 515 | Request for oral hearing |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding |
| 1460 | 130 | 2480 | 130 | Petitions to the Commissioner |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |
| 1809 | 810 | 1809 | 405 | Filing a submission after final rejection (37 CFR § |
| 1810 | 810 | 2810 | 405 | For each additional invention to be examined (37 |

Other fee (specify)

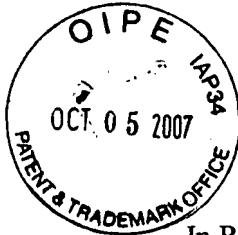
SUBTOTAL (2)

Fee Paid

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Libby H. Hope | Registration No. (Attorney/Agent) | 46,774 | Telephone | (949) 498-0601 |
| Signature |  | | | Date | 10/02/07 |

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2007
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Docket No.: 42P16204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

DAVID I. POISNER

Application No.: 10/609,508

Filed: June 30, 2003

For: **Trusted Peripheral Mechanism**

Art Group: 2137

Examiner: Minh Dieu T. Nguyen

Confirmation No.: 1159

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a final Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

10/05/2007 HLE333 00000046 500221 10609508

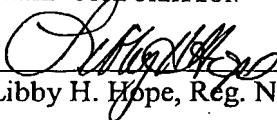
01 FC:1806 180.00 DA

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Respectfully submitted,

INTEL CORPORATION

Date: October 02, 2007



Libby H. Hope, Reg. No. 46,774

1279 Oakmead Parkway
Sunnyvale, CA 94085-4040
Telephone: (949) 498-0601

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Krista Mathieson

10-02-07

Date